



TOWN OF WESTFORD
BOARD OF HEALTH
TOWN HALL
WESTFORD, MASSACHUSETTS 01886
Phone: 978-692-5509 Fax: 978-399-2558

APPLICATION FOR ANNUAL WATER SYSTEM INSTALLER'S PERMIT

I hereby apply for a Water System Installer's Permit as required by the Town of Westford.

Please print all information:

FEE: \$20.00

Applicant's Name: _____

Company Name: _____

Principal Installer or Foreman: _____

Mailing Address: _____

Business Address: _____

Business Telephone: _____ Cell Telephone: _____

Fax # _____ Pager # _____

() Check here if you wish your name to be on a list of licensed installers.

() Were you previously licensed as an installer by the Westford Board of Health, if so when? _____

The undersigned agrees to abide by the requirements of the Westford Board of Health Water Supply Regulations. The undersigned also understands that any violation of the Board of Health regulations will be sufficient cause for revocation of my Water System Installer's Permit.

Social Sec #/Federal ID #

Signature of Applicant

Date